

**CITY OF NEWTON  
MASSACHUSETTS**

Permit No.: \_\_\_\_\_

District No.: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Inspector: \_\_\_\_\_

**APPLICATION FOR PLAN EXAMINATION  
AND BUILDING PERMIT**

Date Received: \_\_\_\_\_

**IMPORTANT: Applicants must complete all items on this page**

**LOCATION  
OF  
BUILDING**

LOCATION \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

BETWEEN \_\_\_\_\_ AND \_\_\_\_\_

SECTION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_ MAP NO.: \_\_\_\_\_ YEAR HOUSE BUILT: \_\_\_\_\_

**TYPE AND USE OF BUILDING**

**HISTORIC DISTRICT**

☐

**TYPE OF IMPROVEMENT**

- ☐ New building
- ☐ Addition
- ☐ Alteration
- ☐ Repair, replacement
- ☐ Demolition
- ☐ Moving (relocation)
- ☐ Foundation only

**PROPOSED USE**

**Residential**

- ☐ One family
- ☐ Two or more family
- No. of units: \_\_\_\_\_
- ☐ Transient hotel, motel, or dormitory
- No. of units: \_\_\_\_\_
- ☐ Garage
- ☐ Carport
- ☐ Other: \_\_\_\_\_

**Non-Residential**

- ☐ Amusement, recreational
- ☐ Church, other religious
- ☐ Industrial
- ☐ Commercial
- ☐ Hospital, institutional
- ☐ Public Utility
- ☐ Tanks, towers
- ☐ Other: \_\_\_\_\_

DESCRIPTION OF WORK TO BE PERFORMED: \_\_\_\_\_

**IDENTIFICATION (Please Type or Print Clearly)**

OWNER Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

CONTRACTOR Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor's Construction License: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Home Improvement License: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

ARCHITECT/ENGINEER Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Reg. No.: \_\_\_\_\_

**FEE SCHEDULE: BUILDING PERMIT: \$ 18.60 PER \$ 1000.00 OF THE TOTAL ESTIMATED COST**

**SIGN PERMIT: \$ 10.20 PER \$ 100.00 OF THE TOTAL ESTIMATED COST**

Total cost of the job: \$ \_\_\_\_\_ x **.0186** = FEE: \$ \_\_\_\_\_

Check No.: \_\_\_\_\_ Receipt No.: \_\_\_\_\_

<b>TYPE OF SEWAGE DISPOSAL</b>  Public or private company <input type="checkbox"/>  Private (septic tank, etc.) <input type="checkbox"/>	<b>DIMENSIONS</b> Number of Stories: _____ Total square feet of floor area, based on exterior dimensions: _____  Total land area, sq. ft.: _____	<b>NO. OF OFF STREET PARKING SPACES</b> Enclosed: _____  Outdoors: _____
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Signature of Agent/Owner \_\_\_\_\_ Signature of Contractor \_\_\_\_\_

**THE FOLLOWING SECTIONS FOR OFFICE USE ONLY**

Plans Submitted ☐      Plans Waived ☐      Certified Plot Plan ☐      Stamped Plans ☐

DEPARTMENT APPROVALS:      APPROVED      DISAPPROVED      NOT APPLICABLE

PLANNING AND DEVELOPMENT	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
CONSERVATION	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
HISTORIC	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
HEALTH	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
FIRE	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
ENGINEERING	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
PUBLIC WORKS	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
SIDEWALK BOND	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
WATER & SEWER	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

ZONING BOARD OF APPEALS; VARIANCE; PETITION NO.: \_\_\_\_\_

BOARD OF ALDERMAN; SPECIAL PERMIT; BOA NO.: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

BUILDING PERMIT APPROVED AND ISSUED BY: \_\_\_\_\_